

## Arizona Swimming, Inc. Officials Training Log

Name	Club Affiliation	
Address:		
City:	, AZ ZipPhone:	
Applying for:		
Timer: Stroke & Turn: Chief Judge: Starter: Admin Official: Admin/Referee: Deck Referee:	Under 2 different AR & Deck Check 6 sessions in 3 meets, under 2 different Referees & Deck Check	
	Sessions worked 1 2 3 4 5 6 7	
Referee Observ	ing	
	Meet Referee: Please sign, then print name.	
2) Date(s)		
Position(s)	Sessions worked 1 2 3 4 5 6 7	
Referee Observ	ing	
	Meet Referee: Please sign, then print name.	
	Sessions worked 1 2 3 4 5 6 7	
Referee Observ	ing Meet Referee: Please sign, then print name.	

4) Date(s)	
Position(s)	Sessions worked 1 2 3 4 5 6 7
Referee Observing	
<u></u>	Meet Referee: Please sign, then print name.
	TRAINING CLINIC
Location of Clinic:	Date:
Conducted by:	
Clinic Inst	ructor: Please sign, then print name
	ON-LINE TESTING
The online tests are ava	nilable at www.usaswimming.org.
Go to Member Resource	ees/Officials/Testing and Certification
Circle Tests Taken and	list Dates:
	Admin Official
	Admin Referee
Starter	Deck Referee
	DECK CHECK
A Deck Check by a Cer	rtified Instructor is necessary for ALL New certifications:
Deck Check conducted	by:
Date:	
meets, to be signed by the register, take your Clinic,	elte the required information and keep this form with you at Meet Referee. When the required sessions have been worked, on-line Tests and Deck-Check, sign and submit this completed All sessions, Tests, and clinics must be completed within 12
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